#### FORM D

Notice of Exempt
Offering of Securities

## U.S. Securities and Exchange Commission

Washington, DC 20549

(See instructions beginning on page 5)
Intentional misstatements or omissions of fact constitute federal criminal violations. See 18 U.S.C. 1001.

091232

OMB APPROVAL

OMB Number: 3235-0076

Expires: January 31, 2009

Estimated average burden hours per response: 4.00

tem 1. Issuer's Identity			
Name of Issuer	Previous Name(s)	None	Entity Type (Select one)
Ar dante Fund, L.P.		<u></u>	Corporation
Jurisdiction of Incorporation/Organization		<u> </u>	
CA		883	Limited Liability Company  General Partnership
		HAR	Business Trust
Year of Incorporation/Organization (Selections)			Other (Specify)
Over Five Years Ago	Years Ye	et to Be Formed ලදු <b>්ල</b> ්ලා ව	gian, DC
(If more than one issuer is filing this notice, cl	neck this box and identit		by attaching Items 1 and 2 Continuation Pagel
tem 2. Principal Place of Business  Street Address 1	and Contact Informa	Street Address 2	MAR 2 1 2009
	·	Street Address 2	MAR
555 California Street, Suite 2975			THE THE SOUR EVIETO
City	State/Province/Country	ZIP/Postal Code	Ridle No.
San Francisco	CA	94104	(415) 676-4000
em 3. Related Persons			
Last Name	First Name		Middle Name
Symphony Asset Management LLC			
Strent Address		Street Address 2	
555 Californi / Street, Suite 2975			
City	State/Province/Country	ZIP/Postal Code	
San Francisco	CA	94104	
Relation ship(s): X Executive Officer	Director X Promoter		09036171
	eneral Partner	·	
· <u> </u>			
tem 4. Industry Group (Select	•	ns by cnecking this bo	x 🗓 and attaching Item 3 Continuation Page(
○ Agriculture	Busines	s Services	Construction
Banking and Financial Services	Energy	essie i leitialne	REITS & Finance
Commercial Banking Insurance		ctric Utilities rgy Conservation	Residential
Investing	$\sim$	l Mining	Other Real Estate
Investment Banking	$\mathcal{L}$	ironmental Services	Retailing
Pooled Investment Fund	Oil	& Gas	Restaurants
If selecting this industry group, also sele	ect one fund Oth	er Energy	Technology  Computers
type below and answer the question be	elow: Health C	Tare	Telecommunications
Hedge Fund     Number Street	<u> </u>	echnology	Other Technology
Private Equity Fund	· <u> </u>	Ith Insurance	Travel
Venture Capital Fund Other Investment Fund	<u> </u>	pitals & Physcians	Airlines & Airports
1: the issuer registered as an inves	stment	maceuticals	Lodging & Conventions
company under the investment C	ompany	er Health Care	Tourism & Travel Services
Act of 1940? Yes No	Real Est	_	Other Travel
Cther Banking & Financial Services		nmercial	Other

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# U.S. Securities and Exchange Commission Washington, DC 20549

Revenue Range (for issuer not specifying "hedge" or "other investment" fund in Item 4 above)	<b>4</b> -	Aggregate Net Asset Value Range (for issuer specifying "hedge" or "other investment" fund in Item 4 above)
No Revenues \$1 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 \$25,000,001 - \$100,000,000 Over \$100,000,000 Decline to Disclose Not Applicable	OR	No Aggregate Net Asset Value \$1 - \$5,000,000 \$5,000,001 - \$25,000,000 \$25,000,001 - \$50,000,000 \$50,000,001 - \$100,000,000 Over \$100,000,000 Decline to Disclose Not Applicable
em 6. Federal Exemptions and Exclusions Cla	imed (Se	lect all that apply)
Rule 504(b)(1) (not (i) (ii) or (iii))	Section 3(	c)(2) Section 3(c)(10) c)(3) Section 3(c)(11) c)(4) Section 3(c)(12) c)(5) Section 3(c)(13) c)(6) Section 3(c)(14)
em 7. Type of Filing  New Notice  OR	nt	
ate of First Sale in this Offering: 09/01/99	OR 🗆	First Sale Yet to Occur
em 8. Duration of Offering		
Does the issuer intend this offering to last more than	one year?	X Yes No
em 9. Type(s) of Securities Offered (Select	all that app	ly)
<b>Equity</b>	× Pooled	Investment Fund Interests
Deb:	_	t-in-Common Securities
Option, Warrant or Other Right to Acquire Another Security		al Property Securities (Describe)
	1::	ortner interests
Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security	Limited pa	
	Limited pa	
Warrant or Other Right to Acquire Security	ess combination	on ☐ Yes 🗶 No

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# U.S. Securities and Exchange Commission

Washington, DC 20549

Item 11. Minimum Investment					
Minimum investment accepted from an	y outside investor \$	500,000.00			
Item 12. Sales Compensation					
Recipient		Recipient CRD Number			
					lo CRD Number
Associated) Broker or Dealer	None	(Associated) Broker or De	aler CRD Nu	ımber	
					lo CRD Number
Street Address 1		Street Address 2		·····	
		TIP (P I.S.			
City	State/Province	/Country ZIP/Postal Co	de		
States of Solicitation All States			J		
AL	CA CO  KY LA  NJ NM  TX UT  n(s) being paid compensat	CT DE DC  ME MD MA  NY NC ND  VT VA WA  ion by checking this box	FL MI OH WV and attach	GA [  MN [  OK [  WI [  WI ]	HI DO MS MO OR PA WY PR ontinuation Page(s
Item 13. Offering and Sales Am	ounts		,		
. (a) Total Offering Amount	\$ 500,000,000.00		OR	Indefin	ite
(b) Total Amount Sold	\$ 357,081,750.61		]		
(Subtract (a) from (b))	\$ 142,918,249.39		OR	Indefin	ite
Clarification of Response (if Necessary)			<u></u>		<del></del>
		· · · · · · · · · · · · · · · · · · ·			
Item 14. Investors					
Check this box if securities in the offe number of such non-accredited investors	ring have been or may be s who already have investe	sold to persons who do not o d in the offering:	qualify as ac	credited inves	tors, and enter the
Enter the total number of investors who	already have invested in th	ne offering: 64			
Item 15. Sales Commissions an	d Finders' Fees Ex	penses			
Provide separately the amounts of sales of check the box next to the amount.	·	<u> </u>	mount is no	t known, prov	ide an estimate ar
,	9	Sales Commissions \$ 0.00	· ·-	X	Estimate
Clarification of Response (if Necessary)		Finders' Fees \$ 0.00			,

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### U.S. Securities and Exchange Commission

Washington, DC 20549

Item 16. Use of Proceeds	
Provide the amount of the gross proceeds of the offering that has been or is used for payments to any of the persons required to be named as exe directors or promoters in response to Item 3 above. If the amount is unkno estimate and check the box next to the amount.	cutive officers, \$ 0.00
Ciarification of Response (if Necessary)	
None, although the general partner of the issuer receives	investment management fees and a special profit allocation.
Signature and Submission	
Please verify the information you have entered and review the Ter	rms of Submission below before signing and submitting this notice.
Terms of Submission. In Submitting this notice, each iden	ntified issuer is:
the State in which the issuer maintains its principal place of busing process, and agreeing that these persons may accept service on such service may be made by registered or certified mail, in any lagainst the issuer in any place subject to the jurisdiction of the U activity in connection with the offering of securities that is the suprovisions of: (i) the Securities Act of 1933, the Securities Exchange Company Act of 1940, or the Investment Advisers Act of 1940, or State in which the issuer maintains its principal place of business	and the Securities Administrator or other legally designated officer of these and any State in which this notice is filed, as its agents for service of its behalf, of any notice, process or pleading, and further agreeing that Federal or state action, administrative proceeding, or arbitration brought inited States, if the action, proceeding or arbitration (a) arises out of any object of this notice, and (b) is founded, directly or indirectly, upon the ge Act of 1934, the Trust Indenture Act of 1939, the Investment any rule or regulation under any of these statutes; or (ii) the laws of the
<ul> <li>110 Stat. 3416 (Oct. 11, 1996)] imposes on the ability of States to require "covered securities" for purposes of NSMIA, whether in all instances or direction of their anti-fraud authority.</li> <li>Each identified issuer has read this notice, knows the contents to undersigned duly authorized person. (Check this box and at</li> </ul>	hal Securities Markets Improvement Act of 1996 ("NSMIA") [Pub. L. No. 104-290, information. As a result, if the securities that are the subject of this Form D are use to the nature of the offering that is the subject of this Form D, States cannot and can require offering materials only to the extent NSMIA permits them to do the true, and has duly caused this notice to be signed on its behalf by the stach Signature Continuation Pages for signatures of issuers identified
in Item 1 above but not represented by signer below.)	
Issuer(s)	Name of Signer
Andante Fund, L.P.	Neil L. Rudolph
Signature	Title
The Studet	Chief Financial Officer of Symphony Asset Management LLC, General Partner
Number of continuation pages attached:	Date 3 / 10 /2009

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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#### **Item 3 Continuation Page**

# Item 3. Related Persons (Continued)

Last Name	First Name		Middle Name
Skelton	Jeffrey		L.
Street Address 1		Street Address 2	
555 California Street, Suite 2975			
City State/	Province/Country	ZIP/Postal Code	
San Francisco CA		94104	
Relationship(s): X Executive Officer Dire	ector 🗙 Promoter		
Clarification of Response (if Necessary) Executiv	e Officer of Sympho	ony Asset Management LLC	. General Partner
Last Name	First Name		Middle Name
Gottipalli	Praveen		
Street Address 1	rioveen	Street Address 2	
555 California Street, Suite 2975			
	/Province/Country	ZIP/Postal Code	<del></del>
San Francisco CA		94104	
Relationship(s): X Executive Officer Dir	ector 🗙 Promoter		
			· ·
Clarification of Response (if Necessary) Executiv	e Officer of Sympho	ony Asset Management LLC	., General Partner
<del> </del>	<del></del>		<del></del>
Last Name	First Name		Middle Name
Rudolph			
redorpri	Neil		L
Street Address 1	Neil	Street Address 2	L
	Neil	Street Address 2	
Street Address 1  555 California Street, Suite 2975  City State/	Neil /Province/Country	Street Address 2 ZIP/Postal Code	
Street Address 1 555 California Street, Suite 2975			L
Street Address 1  555 California Street, Suite 2975  City State/  San Francisco CA		ZIP/Postal Code	L
Street Address 1  555 California Street, Suite 2975  City State/ San Francisco CA  Relationship(s): X Executive Officer Direction	/Province/Country ector X Promoter	ZIP/Postal Code 94104	
Street Address 1  555 California Street, Suite 2975  City State/  San Francisco CA	/Province/Country ector X Promoter	ZIP/Postal Code 94104	
Street Address 1  555 California Street, Suite 2975  City State/ San Francisco CA  Relationship(s): X Executive Officer Direction	Province/Country  ector  Promoter  e Officer of Sympho	ZIP/Postal Code 94104	C, General Partner
Street Address 1  555 California Street, Suite 2975  City State/ San Francisco CA  Relationship(s): X Executive Officer Directly  Clarification of Response (if Necessary) Executive  Last Name	Province/Country  ector X Promoter  re Officer of Sympho	ZIP/Postal Code 94104	, General Partner  Middle Name
Street Address 1  555 California Street, Suite 2975  City State/  San Francisco CA  Relationship(s): X Executive Officer Direction of Response (if Necessary) Executive	Province/Country  ector  Promoter  e Officer of Sympho	ZIP/Postal Code 94104	C, General Partner
Street Address 1  555 California Street, Suite 2975  City State/ San Francisco CA  Relationship(s): X Executive Officer Directly  Clarification of Response (if Necessary) Executive  Last Name  Henman  Street Address 1	Province/Country  ector X Promoter  re Officer of Sympho	ZIP/Postal Code  94104  Dony Asset Management LLC	, General Partner  Middle Name
Street Address 1  555 California Street, Suite 2975  City State/ San Francisco CA  Relationship(s): X Executive Officer Directly	Province/Country  ector X Promoter  re Officer of Sympho	ZIP/Postal Code  94104  Dony Asset Management LLC	, General Partner  Middle Name
Street Address 1  555 California Street, Suite 2975  City State/ San Francisco CA  Relationship(s): X Executive Officer Directly	Province/Country  ector Promoter  e Officer of Sympho  First Name  Michael	ZIP/Postal Code 94104  Dony Asset Management LLC  Street Address 2	, General Partner  Middle Name
Street Address 1  555 California Street, Suite 2975  City State/ San Francisco CA  Relationship(s): X Executive Officer Directly  Clarification of Response (if Necessary) Executive  Last Name  Henman  Street Address 1  555 California Street, Suite 2975,  City State/ San Francisco CA	Province/Country  ector X Promoter  re Officer of Sympho  First Name  Michael  Province/Country	ZIP/Postal Code  94104  Dony Asset Management LLC  Street Address 2  ZIP/Postal Code	, General Partner  Middle Name
Street Address 1  555 California Street, Suite 2975  City State/ San Francisco CA  Relationship(s): X Executive Officer Directly  Clarification of Response (if Necessary) Executive  Last Name  Henman  Street Address 1  555 California Street, Suite 2975,  City State/ San Francisco CA	Province/Country  ector Promoter  e Officer of Sympho  First Name  Michael  Province/Country  ector Promoter	ZIP/Postal Code  94104  Dny Asset Management LLC  Street Address 2  ZIP/Postal Code  94104	General Partner  Middle Name  J.

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#### **Item 3 Continuation Page**

Item 3. Related Persons (Continued) Last Name First Name Middle Name Stein Gunther Street Address 2 Street Address 1 555 California Street, Suite 2975 State/Province/Country ZIP/Postal Code City CA 94104 San Francisco X Executive Officer ☐ Director X Promoter Relationship(s) Clarification of Response (if Necessary) | Executive Officer of Symphony Asset Management LLC, General Partner Last Name Middle Name First Name Street Address 1 Street Address 2 State/Province/Country ZIP/Postal Code City Relationship(s): Executive Officer ☐ Director ☐ Promoter Clarification of Response (if Necessary) Last Name Middle Name First Name Street Address 2 Stree. Address 1 City State/Province/Country ZIP/Postal Code Relationship(s): Executive Officer Director Clarification of Response (if Necessary) Last Name Middle Name First Name Street Address 1 Street Address 2 City State/Province/Country ZIP/Postal Code Relationship(s): Executive Officer Director Promoter Clarification of Response (if Necessary)

(Copy and use additional copies of this page as necessary.)

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